State of Georgia Meningococcal Vaccination
Acknowledgement Form for Students Living in
On-Campus Housing

(State of Georgia Code 31-12-3-1, effective 1/1/2004)

Student’s Name: _________________________________________ Date: ____________________

Date of Birth: __ __/ __/ __ __ __

Name of Residence Hall (or other on-campus housing facility): ____________________________

By my signature below (or by the signature of my parent or guardian if I am under 18 years of age), I acknowledge that:

I have received and reviewed information from Savannah State University regarding Meningococcal disease, including Meningococcal meningitis, a contagious but largely preventable infection of the spinal cord fluid and fluid around the brain;

I understand that Meningococcal disease is a serious disease that can lead to death within a few hours of onset, that 1 in 10 cases is fatal, and that 1 in 7 survivors of the disease is left with a severe disability such as loss of a limb, mental retardation, paralysis, deafness or seizures;

I understand that college students living in residence halls, particularly freshmen, are at a moderately increased risk of contracting Meningococcal disease;

I understand that an immunization exists that will decrease, but not totally eliminate, the risk of contracting meningococcal disease;

I also acknowledge the following (please check one):

☐ I have already been vaccinated against Meningococcal disease. Date: ____________________

☐ I have reviewed the information provided, and I plan to be vaccinated against Meningococcal disease by a healthcare provider.

☐ I have reviewed the information provided and I decline to be vaccinated against Meningococcal disease at this time.

Signed: _______________________________________________  Or

(Signature of Student)         Or

Signed: _______________________________________________  Relationship: __________________

(Signature of Parent or Guardian, if Student is a Minor)

October 2006